



County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

November 13, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF PUBLIC WORKS: WASTE TIRE RECYCLING PROGRAM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Find that the contract work is exempt from the provisions of the California Environmental Quality Act.
2. Award the contract for the Waste Tire Recycling Program to The Peterson Group, Inc., located in Newport Beach, California. This contract will be for a term of two years commencing on December 1, 2007, in an amount not to exceed \$377,710.86 with two 1-year renewal options in the amount of \$188,855.43 for each option-year, for a maximum contract period of four years.
3. Authorize the Director of Public Works or his designee to increase the contract amount up to an additional 25 percent of the contract sum for unforeseen, additional work within the scope of work of the contract, if required.
4. Authorize the Director of Public Works or his designee to execute the contract; to renew the contract for each additional renewal option if, in the opinion of the Director of Public Works, the contractor has successfully

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

performed during the previous contract period and the services are still required; to approve and execute amendments to incorporate necessary changes within the scope of work; and to suspend work if, in the opinion of the Director of Public Works, it is in the best interest of the County to do so.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended action is to award a contract for the Waste Tire Recycling Program. This contract will provide for as-needed and intermittent waste tire recycling program management services within the unincorporated County maintained areas and contract cities. The work to be performed will consist of promoting and conducting waste tire collection events and actively seeking sponsorships and partnerships. The Department of Public Works (Public Works) has contracted this service since 2002.

Implementation of Strategic Plan Goals

The Countywide Strategic Plan directs that we provide Service Excellence (Goal 1), Organizational Effectiveness (Goal 3), Children and Families' Well-Being (Goal 5), and Community Services (Goal 6). Having a contractor that has the specialized expertise to provide these services accurately, efficiently, timely, and in a responsive manner will support Public Works in meeting these goals.

FISCAL IMPACT/FINANCING

There will be no impact to the County General Fund. The contract is for a two-year contract term amount not to exceed \$377,710.86 with two 1-year renewal options in the amount not to exceed \$188,855.43 for each option year, plus 25 percent of the contract sum for unforeseen, additional work within the scope of the contract. This amount is based on the unit prices quoted by the contractor and our estimated annual utilization of the contractor's services.

Financing for this service's first year of the initial term is included in the Fiscal Year 2007-08 Solid Waste Management Fund Budget. Funds to finance the second year of the initial term and the contract's optional years will be requested through the annual budget process.

This contract does not allow for a cost-of-living adjustment for the optional years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The recommended contractor is The Peterson Group, Inc., located in Newport Beach, California. The contract will commence on December 1, 2007, for a term of two years. With your Board's delegated authority, the Director of Public Works (Director) or his designee may renew the contract for two 1-year renewal options, not to exceed a total contract period of four years.

Prior to the Director executing the agreement, which will be substantially similar to Attachment A, the contractor will sign and County Counsel will review for approval as to form.

The recommended contractor is in compliance with the Chief Executive Officer, County Counsel, and your Board's requirements.

On September 4, 2007, Agenda Item 40, your Board authorized the Director to execute the amendments to contracts administered by Public Works, involving assignments resulting from acquisitions, mergers, or other changes in contractor ownership, as well as contractor's name changes, subject to review and approval by County Counsel, and notification to your Board offices and Chief Executive Officer in accordance with Board Policy 9.041, Evaluation of Vendors/Contractors Engaged in Mergers or Acquisitions.

The contract contains terms and conditions supporting Board-sponsored policies, such as contractor responsibility and debarment, jury service requirements, the Newborn Abandonment Law (Safely Surrendered Baby Law), and charitable activities compliance.

Proof of the required Comprehensive General and Automobile Liability insurance policies, naming the County as additional insured, and evidence of Workers' Compensation insurance will be obtained from the contractor before any work is assigned.

As requested by your Board, the contractor has submitted a safety record that reflects its past activities have been conducted according to reasonable standards of safety.

In accordance with the Chief Executive Officer's June 15, 2001, instructions, this is Public Works' assurance that the contractor will not be requested to perform services that will exceed the contract's approved amount, scope of work, and/or terms.

ENVIRONMENTAL DOCUMENTATION

This service is categorically exempt from the provisions of the California Environmental Quality Act (CEQA). This service is within a class of projects that has been determined not to have a significant effect on the environment in that it meets the criteria set forth in Section 15330 of the CEQA Guidelines.

CONTRACTING PROCESS

On August 6, 2007, Public Works solicited proposals from 458 independent contractors and community business enterprises to accomplish this work. Also, a notice of the Request for Proposals (RFP) was placed on the County's bid website (Attachment B), and an advertisement was placed in the *Los Angeles Times*.

Pursuant to the applicable memorandum of understanding, the RFP for this contracted service was submitted on August 6, 2007, to the appropriate union for review. The union has not asked to meet with Public Works regarding this solicitation.

On September 5, 2007, three proposals were received. The proposals were first reviewed to ensure they met the minimum requirements in the RFP. All proposals met these requirements and were then evaluated by an evaluation committee consisting of Public Works staff. The committee's evaluation was based on criteria described in the RFP, which included price, experience, work plan, financial resources, and references. Based on this evaluation, it is recommended that this contract be awarded to the highest-rated, responsive, and responsible proposer, The Peterson Group, Inc., located in Newport Beach, California.

Attachment C reflects the proposers' minority participation. The contractor was selected upon final analysis and consideration without regard to race, creed, gender, or color.

Public Works has evaluated and determined that the Living Wage Program (County Code Chapter 2.201) does not apply to this recommended contract, which is for services required on an as-needed and intermittent basis; hence, is not a Proposition A contract (Los Angeles County Code Chapter 2.121).

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The award of this contract will not result in the displacement of any County employees as this service is presently contracted with the private sector.

The Honorable Board of Supervisors
November 13, 2007
Page 5

CONCLUSION

Please return one adopted copy of this letter to the Department of Public Works, Administrative Services Division.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'William T. Fujioka', with a long horizontal flourish extending to the right.

WILLIAM T FUJIOKA
Chief Executive Officer

WTF:DLW
GZ:dw

Attachments (3)

c: County Counsel
Department of Public Works (Environmental Programs)

SAMPLE AGREEMENT FOR
WASTE TIRE RECYCLING PROGRAM

THIS AGREEMENT, made and entered into this ____ day of _____, 2007, by and between the COUNTY OF LOS ANGELES, a subdivision of the State of California, a body corporate and politic (hereinafter referred to as COUNTY) and THE PETERSON GROUP, INC., a corporation (hereinafter referred to as CONTRACTOR).

WITNESSETH

FIRST: The CONTRACTOR, for the consideration hereinafter set forth and the acceptance by the Board of Supervisors of said COUNTY of the CONTRACTOR'S Proposal filed with the COUNTY on September 5, 2007, hereby agrees to provide services as described in the attached specifications for Waste Tire Recycling Program, including, but not limited to, Exhibit A, Scope of Work.

SECOND: This AGREEMENT, together with Exhibit A, Scope of Work; Exhibit B, Service Contract General Requirements; Exhibit C, Internal Revenue Service Notice 1015; Exhibit D, Safely Surrendered Baby Law Posters; the CONTRACTOR'S Proposal, all attached hereto; the Request for Proposals; and Addenda to the Request for Proposals, all of which are incorporated herein by reference, are agreed by the COUNTY and the CONTRACTOR to constitute the Contract Documents.

THIRD: The COUNTY agrees, in consideration of satisfactory performance of the foregoing services in strict accordance with the Contract specifications to the satisfaction of the Director of Public Works, to pay the CONTRACTOR pursuant to the Schedule of Prices set forth in the Proposal and attached hereto as Form PW-2, an amount not to exceed \$377,710.86 for the two-year term, or such greater amount as the Board may approve (Maximum Contract Sum). Should this Contract be extended, as provided in the Fourth paragraph below, the COUNTY shall pay the CONTRACTOR for each option year an amount not to exceed \$188,855.43 per year, or such greater amount as the Board may approve (Maximum Contract Sum).

FOURTH: This Contract's initial term shall be for a period of two years commencing on December 1, 2007. At the discretion of the COUNTY, this Contract may be extended in increments of one year, not to exceed a total contract period of four years. The COUNTY, acting through the Director, may give a written notice of intent to extend this Contract at least 30 days prior to the end of each term.

FIFTH: The CONTRACTOR shall bill upon completion of the work performed and when approved by the COUNTY. Work performed shall be billed at the unit prices quoted in Form PW-2.1, Schedule of Prices.

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SIXTH: Public Works will make payment to the CONTRACTOR within 30 days of receipt and approval of a properly completed invoice. Each invoice shall be in triplicate (original and two copies) and shall itemize the work completed. The invoices shall be submitted to:

County of Los Angeles Department of Public Works
Attention Fiscal Division, Accounts Payable
P.O. Box 7508
Alhambra, CA 91802-7508

SEVENTH: In no event shall the aggregate total amount of compensation paid to the CONTRACTOR exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

EIGHTH: The CONTRACTOR understands and agrees that only the designated Public Works Contract Manager is authorized to request or order work under this Contract. The CONTRACTOR acknowledges that the designated Contract Manager is not authorized to request or order any work that would result in the CONTRACTOR earning an aggregate compensation in excess of this Contract's Maximum Contract Sum.

NINTH: The CONTRACTOR shall not perform or accept work requests from the Contract Manager or any other person that will cause the Maximum Contract Sum of this Contract to be exceeded. CONTRACTOR shall monitor the balance of this Contract's Maximum Contract Sum. When the total of the CONTRACTOR'S paid invoices, invoices pending payment, invoices yet to be submitted, and ordered services reaches 75 percent of the Maximum Contract Sum, the CONTRACTOR shall immediately notify the Contract Manager in writing. The CONTRACTOR shall send written notification to the Contract Manager when this Contract is within six months from expiration of the term as provided for hereinabove.

TENTH: No cost-of-living adjustments shall be granted for the optional renewal periods.

ELEVENTH: In the event that terms and conditions, which may be listed in the CONTRACTOR'S Proposal, conflict with the COUNTY'S specifications, requirements, and terms and conditions as reflected in this AGREEMENT, including, but not limited to, Exhibits A through D, inclusive, the COUNTY'S provisions shall control and be binding.

TWELFTH: The CONTRACTOR agrees in strict accordance with the Contract specifications and conditions to meet the COUNTY'S requirements.

THIRTEENTH: This Contract constitutes the entire agreement between the COUNTY and the CONTRACTOR with respect to the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings.

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IN WITNESS WHEREOF, the COUNTY has, by order of its Board of Supervisors, caused these presents to be subscribed by the Director of Public Works, and the CONTRACTOR has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.

COUNTY OF LOS ANGELES

By _____
Director of Public Works

APPROVED AS TO FORM:

RAYMOND G. FORTNER, JR.
County Counsel

By _____
Deputy

THE PETERSON GROUP, INC.

By _____
Its President

Type or Print Name

By _____
Its Secretary

Type or Print Name

ATTACHMENT B**Bid Detail Information**

Bid Number : PW-ASD 685
Bid Title : WASTE TIRE RECYCLING PROGRAM (2007-AN046)
Bid Type : Service
Department : Public Works
Commodity : HAULING SERVICES
Open Date : 8/6/2007
Closing Date : 8/20/2007 2:00 PM
Bid Amount : N/A
Bid Download : Not Available
Bid Description : PLEASE TAKE NOTICE that Public Works requests proposals for a contract for the Waste Tire Recycling Program (2007-AN046). The two-year contract amount for this service is estimated to be \$390,000. If not enclosed with this letter, the Request for Proposals (RFP) with contract specifications, forms, and instructions for preparing and submitting proposals may be requested by accessing this link at <ftp://dpwftp.co.la.ca.us/solicitationdocuments/wastetire.pdf> or from Ms. Tami Maldonado at (626) 458 4080, Monday through Thursday, 7 a.m. to 5 p.m.

Minimum Requirement(s): Proposers must meet all minimum requirements set forth in the RFP document, including, but not limited to, submitting copies of the Proposer's and/or subcontractors' valid Waste Tire Hauler Registration from the California Integrated Waste Management Board.

A Proposers' Conference will be held on Monday, August 20, 2007, at 2 p.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A. ATTENDANCE BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE AT THE CONFERENCE IS MANDATORY. Public Works will reject proposals from those whose attendance at the conference cannot be verified. Attendees should be prepared to ask questions at that time about the specifications, proposal requirements, and contract terms. After the conference, it may be impossible to respond to further requests for information.

The deadline to submit proposals is Tuesday, September 4, 2007, at 2 p.m. Please direct your questions to Ms. Maldonado at the number above.

Contact Name : Ms. Tami Maldonado
Contact Phone# : (626) 458-4080
Contact Email : tmaldonado@dpw.lacounty.gov
Last Changed On : 8/6/2007 5:37:07 PM

[Back to Last Window](#)

FORM PW-9

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| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form |
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: The Peterson Group

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise | |
|---|--|--------------------------------------|---|------------------------------------|------------------------------------|--------|
| <input type="checkbox"/> Other (Please Specify): | | | | | | |
| Total Number of Employees (including owners): 14 | | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | | |
| Race/Ethnic Composition | Owners/Partners/ Associate Partners | | Managers | | Staff | |
| | Male | Female | Male | Female | Male | Female |
| Black/African American | | | | | | |
| Hispanic/Latino | | | | | | |
| Asian or Pacific Islander | | | | | 2 | |
| American Indian | | | | | | |
| Filipino | | | | | | 1 |
| White | 1 | | | 1 | 3 | 6 |

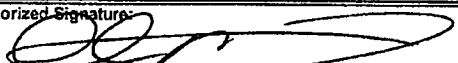
III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/ Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|------------------|---------------------------|-----------------|----------|-------|
| Men | % | % | % | % | % | 100 % |
| Women | % | % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|-------------|----------|-------|---------------|------------------|-----------------|
| | | | | | |
| | | | | | |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|--|-----------------------------|-------------------|
| Authorized Signature:  | Title: President and CEO | Date: 9/5/2007 |
|--|-----------------------------|-------------------|

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and
CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Rubber Recovery Inc.

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise | |
|---|------------------------------------|--------------------------------------|---|------------------------------------|------------------------------------|--------|
| <input type="checkbox"/> Other (Please Specify): | | | | | | |
| Total Number of Employees (including owners): <u>25</u> | | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | | |
| Race/Ethnic Composition | Owners/Partners/Associate Partners | | Managers | | Staff | |
| | Male | Female | Male | Female | Male | Female |
| Black/African American | | | | | | |
| Hispanic/Latino | | | 2 | | 20 | 1 |
| Asian or Pacific Islander | 1 | | | | | |
| American Indian | | | | | | |
| Filipino | | | | | | |
| White | 1 | | 1 | | | |

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/ Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|------------------|---------------------------|-----------------|----------|-------|
| Men | % | % | 25 % | % | % | 75 % |
| Women | % | % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|-------------|----------|-------|---------------|------------------|-----------------|
| | | | | | |
| | | | | | |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|---|-------------------------|----------------------|
| Authorized Signature: <u>Don D. Maher</u> | Title: <u>President</u> | Date: <u>8-31-07</u> |
|---|-------------------------|----------------------|

FORM PW-9

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| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form |
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Lang / Pan / Chan Public Relations

My County (WebVen) Vendor Number: 11749901

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

| | |
|---|--|
| <input type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input checked="" type="checkbox"/> I AM | |
| <input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise | |
|---|------------------------------------|--------------------------------------|---|------------------------------------|------------------------------------|----------|
| <input type="checkbox"/> Other (Please Specify): | | | | | | |
| Total Number of Employees (including owners): <u>7</u> | | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | | |
| Race/Ethnic Composition | Owners/Partners/Associate Partners | | Managers | | Staff | |
| | Male | Female | Male | Female | Male | Female |
| Black/African American | | | | | | |
| Hispanic/Latino | | | | | | |
| Asian or Pacific Islander | <u>2</u> | | | | | |
| American Indian | | | | | <u>1</u> | <u>3</u> |
| Filipino | | | | | | |
| White | | | <u>1</u> | | | |

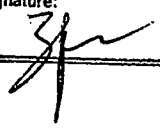
III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/ Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|------------------|---------------------------|-----------------|----------|-------|
| Men | % | % | <u>100</u> % | % | % | % |
| Women | % | % | % | % | % | % |

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| | | | | | |
|--|-------------------------------------|-------|-------------------------------------|------------------|-----------------|
| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
| <u>MTA</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <u>2008</u> |
| <u>State Office of Small Business & DUBE Service</u> | | | | | <u>2008</u> |

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|--|--------------------------|--------------------------|
| Authorized Signature:  | Title: <u>Partner</u> | Date: <u>09/04/07</u> |
|--|--------------------------|--------------------------|

FORM PW-9

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| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form |
|---|

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

| |
|---|
| FIRM NAME: <i>Diverse Strategies for Organizing, Inc.</i> |
| My County (WebVen) Vendor Number: |

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise |
|---|-------------------------------|--------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Other (Please Specify): | | | | | |
| Total Number of Employees (including owners): <i>9</i> | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | |
| Race/Ethnic Composition | Owner/Partners | | Managers | | Staff |
| | Male | Female | Male | Female | Total |
| Black/African American | | | | | |
| Hispanic/Latino | <i>1</i> | <i>1</i> | <i>1</i> | | <i>2</i> |
| Asian or Pacific Islander | | | | | |
| American Indian | | | | | |
| Filipino | | | | | |
| White | | | | | <i>1</i> |

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|-----------------|---------------------------|-----------------|----------|-------|
| Men | % | <i>50</i> % | % | % | % | % |
| Women | % | <i>50</i> % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|-------------------------------|-------------------------------------|-------|---------------|------------------|-----------------|
| <i>Los Angeles County MTA</i> | <input checked="" type="checkbox"/> | | | | <i>2009</i> |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|---|-------------------------|----------------------|
| Authorized Signature: <i>Vicki Griggs</i> | Title: <i>President</i> | Date: <i>8/29/07</i> |
|---|-------------------------|----------------------|

FORM PW-9

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| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form |
|---|

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Electronics Recycle Center

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise |
| <input checked="" type="checkbox"/> Other (Please Specify): <u>Subsidiary of a Corporation</u> | | | | | |
| Total Number of Employees (including owners): <u>9</u> | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | |
| Race/Ethnicity | Owners/Partners Associated Owners | | Managers | | Staff |
| | Male | Female | Male | Female | Male |
| Black/African American | | | | | |
| Hispanic/Latino | | | <u>2</u> | | <u>5</u> |
| Asian or Pacific Islander | <u>1</u> | | <u>1</u> | | |
| American Indian | | | | | |
| Filipino | | | | | |
| White | | | | | |

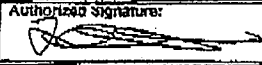
III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/ Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|------------------|---------------------------|-----------------|----------|-------|
| Men | % | % | <u>100</u> % | % | % | % |
| Women | % | % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|-------------|----------|-------|---------------|------------------|-----------------|
| | | | | | |
| | | | | | |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|--|----------------------------|---------------------------|
| Authorized Signature:  | Title: <u>President</u> | Date: <u>8-29-2007</u> |
|--|----------------------------|---------------------------|

ATTACHMENT C.6

FORM PW-9

| |
|---|
| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form |
|---|

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: CHAPMAN COMMUNICATIONS

My County (WebVen) Vendor Number:

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| | | | | | |
|---|--|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Business Structure: | <input checked="" type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Other (Please Specify): | | | | | |
| Total Number of Employees (including owners): <u>3</u> | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | |
| Race/Ethnicity | Owners/Partners | | Managers | | Staff |
| | Male | Female | Male | Female | Male/Female |
| Black/African American | | | | | |
| Hispanic/Latino | | | | | |
| Asian or Pacific Islander | | | | | |
| American Indian | | | | | |
| Filipino | | | | | |
| White | 1 | 1 | | | 1 |

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|-----------------|---------------------------|-----------------|----------|-------|
| Men | % | % | % | % | % | 58 % |
| Women | % | % | % | % | % | 52 % |

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|-------------|----------|-------|---------------|------------------|-----------------|
| | | | | | |
| | | | | | |

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|---|-------------------------|----------------------|
| Authorized Signature: <u>Ingrid Chapman</u> | Title: <u>PRESIDENT</u> | Date: <u>8/31/07</u> |
|---|-------------------------|----------------------|

| |
|---|
| County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form |
|---|

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

| |
|---|
| FIRM NAME: ARC INT'L CORP. |
| My County (WebVen) Vendor Number: 12691301 |

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

| | |
|--|--|
| <input checked="" type="checkbox"/> I AM NOT | A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission. |
| <input type="checkbox"/> I AM | |
| <input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference. | |

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

| Business Structure: | <input type="checkbox"/> Sole | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Franchise | |
|---|------------------------------------|--------------------------------------|---|------------------------------------|------------------------------------|--------|
| <input type="checkbox"/> Other (Please Specify): | | | | | | |
| Total Number of Employees (including owners): 130 | | | | | | |
| Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories: | | | | | | |
| Race/Ethnic Composition | Owners/Partners/Associate Partners | | Managers | | Staff | |
| | Male | Female | Male | Female | Male | Female |
| Black/African American | | | 1 | | | |
| Hispanic/Latino | | | | | 40 | 2 |
| Asian or Pacific Islander | 4 | 1 | 37 | 30 | 6 | |
| American Indian | | | | | | |
| Filipino | | | | | | |
| White | | | 6 | 2 | 2 | |

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/ Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|------------------|---------------------------|-----------------|----------|-------|
| Men | % | % | 100 % | % | % | % |
| Women | % | % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| Agency Name | Minority | Women | Disadvantaged | Disabled Veteran | Expiration Date |
|---------------------------------------|----------|-------|---------------|------------------|-----------------|
| So. Cal. Minority Business Dev. Coun. | X | | | | 5/1/2008 |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|---|----------------------------|---------------------|
| Authorized Signature:  | Title: GENERAL MGR. | Date: 9/4/07 |
|---|----------------------------|---------------------|

FORM PW-9

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Letty's Tire

My County (WebVen) Vendor Number: 0381807-23 T 195

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

☒ I AM NOT ☐ I AM ☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☒ Sole ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 8

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

| Race/Ethnicity | Count |
|---------------------------|-------|
| Black/African American | |
| Hispanic/Latino | 1 |
| Asian or Pacific Islander | |
| American Indian | |
| Filipino | |
| White | 6 |

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

| | Black/African American | Hispanic/Latino | Asian or Pacific Islander | American Indian | Filipino | White |
|-------|------------------------|-----------------|---------------------------|-----------------|----------|-------|
| Men | % | 100 % | % | % | % | % |
| Women | % | % | % | % | % | % |

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

| | | | | |
|-------------|----------------|--------------|------------|--------------|
| Agency Name | Agency Address | Agency Phone | Agency Fax | Agency Email |
| | | | | |
| | | | | |

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|--|---------------------------|----------------------|
| Authorized Signature: <u>[Signature]</u> | Title: <u>owner Hauer</u> | Date: <u>9/14/07</u> |
|--|---------------------------|----------------------|